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Pat Tompkins	(Depositor's name)
Pat Tompkins	(Signature)
December 9, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/815,555	03/22/2001	David B. Squires	X-857 US	6451

TITLE OF INVENTION: CONFIGURABLE PERIPHERAL DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	12/15/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HUYNH, KIM NGOC	2182	710-008000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 H. C. Chan

2 W. Eric Webostad

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

XILINX, INC.

San Jose, California 95124

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Date December 9, 2005

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MAIL STOP ISSUE FEE**COMMISSIONER FOR PATENTS**
P. O. Box 1450
Alexandria, Virginia
22313-1450**Inventor(s):** David B. Squires**Assignee:** XILINX, INC.**Serial No.:** 09/815,555**conf.no.** 6451**Filed:** March 22, 2001**Title:** Configurable Peripheral Devices**Docket No.:** X-857 US**Enclosed:** Return Receipt Postcard**Fee Transmittal - Part B****Date:** December 9, 2005**VIA FACSIMILE** 571-273-2885**Atty/Sec:** KK/pat